

SCC eFile	<b>2014 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	214529754								
1.) CORPORATION NAME: <b>Duke Energy Progress, Inc.</b>		DUE DATE: <b>7/31/2014</b>								
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM</b> <b>4701 COX ROAD, SUITE 285</b> <b>GLEN ALLEN, VA</b>		SCC ID NO: <b>F1368820</b>								
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>		5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMMON</td> <td>200,000,000</td> </tr> <tr> <td>PREFER</td> <td>20,300,000</td> </tr> <tr> <td>PREFA</td> <td>5,000,000</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMMON	200,000,000	PREFER	20,300,000	PREFA	5,000,000
CLASS	AUTHORIZED									
COMMON	200,000,000									
PREFER	20,300,000									
PREFA	5,000,000									
4.) STATE OR COUNTRY OF INCORPORATION: <b>NC</b>										
6.) PRINCIPAL OFFICE ADDRESS:  <div style="text-align: center;">             ADDRESS: 410 S WILMINGTON STREET               CITY/ST/ZIP: RALEIGH, NC 27601           </div>										
7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.										
NAME: A R MULLINAX TITLE: VICE PRESIDENT ADDRESS: 550 S TRYON STREET CITY/ST/ZIP/CO: CHARLOTTE, NC 28202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR								
NAME: RONALD R REISING TITLE: VICE PRESIDENT ADDRESS: 550 S TRYON STREET CITY/ST/ZIP/CO: CHARLOTTE, NC 28202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR								
NAME: Brian D. Savoy TITLE: VP & CONTROLLER ADDRESS: 550 S TRYON STREET CITY/ST/ZIP/CO: CHARLOTTE, NC 28202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR								
NAME: STEPHEN G DE MAY TITLE: TREASURER ADDRESS: 550 S TRYON STREET CITY/ST/ZIP/CO: CHARLOTTE, NC 28202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR								
NAME: DAVID B FOUNTAIN TITLE: ASST SECRETARY ADDRESS: 410 S WILMINGTON STREET CITY/ST/ZIP/CO: RALEIGH, NC 27601	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR								
NAME: LYNN J GOOD TITLE: CEO ADDRESS: 550 S TRYON STREET CITY/ST/ZIP/CO: CHARLOTTE, NC 28202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR								

NAME:	Steven K. Young	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	550 S TRYON STREET		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202		
NAME:	DHIAA M JAMIL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	550 S TRYON STREET		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202		
NAME:	JULIA S JANSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP CHIEF LEGAL		
ADDRESS:	550 S TRYON STREET		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202		
NAME:	DAVID S MALTZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	550 S TRYON STREET		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202		
NAME:	B KEITH TRENT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	550 S TRYON STREET		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202		
NAME:	JENNIFER L WEBER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP CHIEF HR OF		
ADDRESS:	550 S TRYON STREET		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202		
NAME:	NANCY M. WRIGHT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	550 SOUTH TRYON STREET		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202		
NAME:	LLOYD M YATES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP REG UTIL		
ADDRESS:	410 S WILMINGTON STREET		
CITY/ST/ZIP/CO:	RALEIGH, NC 27601		
NAME:	LYNN J GOOD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	550 S TRYON STREET		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202		
NAME:	DHIAA M. JAMIL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	550 SOUTH TRYON STREET		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202		
NAME:	JULIA S JANSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	550 S TRYON STREET		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	B KEITH TRENT DIRECTOR 550 S TRYON STREET CHARLOTTE, NC 28202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LLOYD M YATES DIRECTOR 550 S TRYON STREET CHARLOTTE, NC 28202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ NANCY M. WRIGHT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	NANCY M. WRIGHT, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	6/10/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			